



INLAND COUNTIES EMERGENCY MEDICAL AGENCY

Serving San Bernardino, Inyo, and Mono Counties

**515 N ARROWHEAD AVENUE
SAN BERNARDINO, CA 92415-0060
909-388-5823 FAX: 909-388-5825**

APPROVED CONTINUING EDUCATION CLASS ROSTER

Course Title: _____

Course Location: _____

Principal Instructor: _____

_____ Date

Provider Name: _____

_____ Phone

TO INSURE CONTINUING EDUCATION CREDIT, THE INFORMATION BELOW SHALL BE CORRECT AND LEGIBLE

Name	State EMT-P RN License#	Local Accreditation/ Certification#	Name	State EMT-P RN License#	Local Accreditation/ Certification#

Signature of Instructor

Title

Signature of Program Director

Date

This course has been approved for _____ hours of continuing education by an approved California EMS CE Provider and was (check one) ___ instructor- based, ___ non-instructor based. This document must be retained for a period of four years. California EMS CE Provider, #62-_____

The Provider must send a copy of this roster to ICEMA within fifteen (15) days after the course was given.

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[illegible]